

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24187

1. PLACE OF DEATH

County..... Registration District No. **79th**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *St. Anthony Hosp*)

File No.....
 Registered No. **6298**
 St. Ward)

2. FULL NAME

(a) Residence, No. *3720 Stanford St.* St. *16* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED: (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 3 - 1869</i>				
7. AGE	YEARS <i>63</i>	MONTHS <i>6</i>	DAYS <i>4</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>230</i>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

FATHER 13. NAME *Henry Vree*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *France*

MOTHER 15. MAIDEN NAME *Sophia Ballman*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Mo.*

17. INFORMANT (ADDRESS) *J. Henry Koenig 3720 Stanford St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *7-8* 19*32*

19. UNDERTAKER (ADDRESS) *Wm. H. Bess 1436 Hancock St.*

20. FILED **JUL 8 1932** *Mayo Starkey* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 7th 1932*

22. I HEREBY CERTIFY that I attended deceased from *March 6* 19*25* to *July 7* 19*32*

I last saw h. or alive on *July 7* 19*32* Death is said to have occurred on the date stated above, at *9:40 a.m.*

The principal cause of death and related causes of importance were as follows:

Murderite Chronic
degeneration
of
arteries
arteriosclerosis
 Date of onset *3-2*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) *C. P. Reddy* M. D.
 (Address) *Union Club Bldg*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

